

Central MRS Meeting  
Randolph County DSS  
February 24, 2006

Counties Present: Alamance, Chatham, Cumberland, Davidson, Davie, Montgomery, Randolph, Richmond, Stanly, Union.

Introduction

What s Coming

March MRS Meetings

MRS Policy Training

Data Collection Training

Report Out How is Implementation Going?

In Home Services/CFTs

What codes are facilitators using?

How long are cases staying high risk?

March Meetings

Central 3/29 Forsyth Health Dept (next door to DSS, parking not good)

Policy training

3/8 Forsyth Co Public Health

3/9 Burke Co Public Education Same bldg as DSS

3/14 Cumberland DSS

5/3 Rowan Co Library

5/9 Black Mtn Library

5/10 Edgecombe Co DSS

Data Collection Training

Talked about MRS2

Let counties know that they were not responsible for entering data until they were implemented and trained.

Passed around sign in sheet for mrsevaluation email.

Reporting out How is it going?

Chatham

- Meet weekly to discuss all cases so WF and SW can see all the open cases and give input. Even if a particular worker does not have an open case with that family, they may recognize a name that they worked with several months ago and have information to share.

Randolph

- Still trying to get everyone trained. Some of them have been closed out of trainings twice.

*Note: Division is looking at combining Cornerstone 3A and 3B so that you don't have to figure out which one to send people to or send folks to 3A that have already been to 3B, just have Cornerstone 3.)*

- Have not yet decided if assessors will keep their cases or not.
- Starting to take assessments in March.
- Still in training around Shared Parenting.

#### Union

- Implemented with everything.
- Nothing in particular stands out that they are working on right now.
- Are not blending cases.
- When they did start MRS they started with only taking Improper Supervision as assessments. Took awhile to get used to, but then jumped in to everything.
- Seems normal now, like its always been that way.

#### Davie

- Pretty well implemented, a few snags.
- They have no facilitator and probably won't be able to get one. Hard to have regular staff facilitate due to time restraints.
- Having some trouble with case management: MRS assessors keep management cases and becomes overwhelming when they are high and you have to go out every week. Going to try transferring high and intensive case management cases to a case manager but the assessors will keep case management for low and moderate.
- When they started they took most neglect as family assessments. A little overwhelming, but was ok.

*Note: Holly says, more counties say take it slow, and ease into certain cases as family assessment, but some people will swear by the jumping in approach.*

#### Montgomery

- They just jumped in.
- Still looking at numbers and trying to settle in. 2 assessors, 2 investigators, one high risk case managers.
- Judging each case on its own when they come in.
- Had two cases come in and they took them as family assessments, the assessor dreaded going out because he had worked with these families before in an investigation and they were difficult clients. He went anyway, and when he came back said it was amazing. They were like different people. He said he felt like he was doing real social work.

#### Stanly

- Still sending folks to training (cornerstone and facilitator).
- Probably going to start with supervision issues.
- Have a foster care meeting in March and will probably introduce Shared Parenting then.

#### Davidson

- Done the whole gamut. In June, will have been 2 years.
- Told the new counties not to be afraid to tweak and change when you started with. Started with meetings with staff and lots of committees. Tried to honor their requests at the beginning (assessors or investigators) but moved them to different units, which led to turnover because people ended up with too many supervisors (there were also other factors at play besides MRS).
- Found that they did not need a whole unit of investigators because there were more assessments. Decided everyone needed to be able to do everything.
- Also found that having a case management unit, they became the dumping ground.
- Do backlog blitzes each month. Are they keeping it open for a true safety issue, or just because Grandma calls all the time? Helped get case planning caseloads to standards now.
- Their removals have gone down significantly could be MRS (CFTs) and also kinship placements, which often come out of CFTs.

*Note: Holly said she will be up front; MRS is a lot of work for supervisors, and they have to be flexible. Nothing can be cut in stone, have to consider the whole picture of what is going on with caseloads at the current time. Flexibility often actually makes things harder, because you have to think about things, and how it can work best for everyone, worker, agency, family, not just go with the rule.*

- She found that supervisors have to stay on workers. With 45 days to keep a case open, there is the possibility of more reports coming in.
- Totally new style of supervision.

#### Richmond

- Started taking assessments 2/15
- Had a planning team with meetings away from the office to let the staff talk about how they wanted it to work. The staff had to agree to be on this team for a year.
- Started with question: What is best for the families? And then figured out how they could make it work. When they presented to the agency, the staff presented it to staff, rather than supervisors presenting it.
- Assessors who will keep cases and see how it goes.
- Rotation is off now because they all started with different numbers of cases.

- Turn in numbers twice a month so that supervisors can keep an eye on caseloads.
- Very staff run process.
- Have trained work first, adoption worker, licensing worker, private provider to act as facilitators. Have a list of 12 or so facilitators that they can rotate through.
- They are one of the counties that got an at-risk school social worker so that has been their avenue in the door with the school system talking about cross facilitating each others meeting.
- Have identified 6 or 7 locations out of the office that will let them do CFTs so that they won't have to be at the agency.

*Note: CPS social workers are not the only ones involved here, don't feel like you are in this alone. Sometimes there are concerns about confidentiality, but the only thing that cannot be shared within the agency is who the reporter is. Otherwise, what is known to the agency, is known to the agency, not just one section thereof.*

- *Holly recommends using Work First – they have a slightly different approach and it can benefit CPS social workers who might not do things the same way.*

#### Alamance

- One of original 10
- Looking at Shared Parenting, who does what? Decided the removing worker who is responsible for the child will be a part of the Shared Parenting meeting required during the first 7 days. They go ahead and identify the foster care worker so that that worker can meet the family at the 7 day meeting.
- 8 assessors, 2 forensic, but have had them do the other as needed. A well done assessment is just as time consuming as an investigation, but investigators don't always realize this.
- They started with keeping case, then quit, and their staff asked to go back.
- Note: If anyone has a Foster Parent Agreement, please email to Holly

#### Cumberland

- Started at end of January.
- Have different geographical regions, and starting slow, no DV yet (with the unit dealing with Fort Bragg and Pope AFB.)
- Have only had a few that have been assessments so far in the FB/AFB unit.
- The other unit has 32 assessments cases now and right now it feels like a lot. Many cases are going very well, but having concerns with families fleeing afraid that they are using the advance notice of meetings as a heads up to flee.
- Question was asked: Once they decide to take the report as a case, can they go ahead and do a Central Registry check to help them determine which track to take it. Yes, you can, but Holly cautioned that if there are

multiple substantiations, maybe want to consider that what DSS has done in the past has not worked. Perhaps trying to work with the family as an assessment will have better results.

- Several counties also do criminal background checks on all adults involved in the case.
- She feels that if the child has to be removed, she failed at MRS. Everyone assured her that they were sympathetic to her feelings, but that was not correct. Realize that some kids need to be removed from their home. The long term circumstances of children removed from case under a MRS/assessment approach is better. The families are still involved, and there is less stress.

*Note: Holly said not to feel like anything is a failure for the first year. This is a learning experience and you will try a lot of things the first year. Some of them will work, some won't.*

- Had a question about what to do about babies that test positive for cocaine. Each county has a slightly different approach, most take it case by case, looking at past history and safety resources. Richmond takes any positive cases as abuse and those babies do not go home at that time. (Their community, through the CCPT, has made the decision that they want to go this way and judges and law enforcement work with them on this.)

Shared Parenting Story child had been in Foster Care, and biological parents had done everything correctly and it was apparent that the child would be going home. However Foster Parents were sabotaging the relationship, so the child was moved. The new Foster Parents asked the mother what Doctor she would like her child to go to. Mom burst into tears because she was so surprised to be asked that. It ended up to be a good relationship between these Foster Parents and Mother.

#### NCSU Child and Family Teams Facilitation

Passed out flyers about the Facilitation Support Forum for more information see January meeting notes or contact NCSU TALS.

#### Question that came up in the Eastern Meeting:

If you have a case where the family already has some kind of community service going, and the only service you think they need is the one that they are already getting would you make the finding no Services Needed or Services Recommended?

The experienced counties said Services Recommended and close with the recommendation that they continue with the service they were already getting. Then you close because there is no funding to pay for keeping services open on those families. (Union has a prevention and after-care worker that takes those cases.)

When you code facilitation, what codes do you use?

- A Financial person tells them which to use (facilitator paid for from IV-E Waiver \$\$)
- 219R, 219 and R or 9 (whichever the fiscal person tells them to)

Can you combine CFT and P-PAT and have one meeting?

- Most people do not see that you can combine CFT and P-PAT, because the goals are different. CFT should be for the family, P-PAT are for the DSS because the federal government says we have to do it.
- If you can find a way to combine them, there is nothing to say that you can't.

Other CFT questions/comments

- New counties asked if meetings were being scheduled on the weekends and after hours. Differs by county, but several have after hours, but not so much on weekends. (Counties don't want to see SW on the weekends either.)
- Facilitator pointed out that these meetings count as contacts (if the collaterals are there).
- Most of the after hours meetings are in the home, not in the agency.
- In original counties experience, as community and other professional partners see the benefits, they will usually come to at least part of the meeting because it helps in the work they are doing.
- The facilitator from Union said the social workers have usually already talked to the family about a time, so she has 4 or 5 days to set up meeting (but keep in mind this is her full time job may need to provide more time if someone is doing this as well as other tasks.)
- The earlier and often you start talking about it, the better. The more comfortable they will be with the idea of the meeting and the more they will have really thought about who they want to come.
- Suggestion that at the first CFT you go ahead and schedule the second. It is easier on schedules and also lets the family realize that they will see these folks again.
- OK to have separate CFTs for each member of the couple in DV cases.
- Will email the standard facilitation letter to Holly and she will add it to the resource CD. If people want a copy of that CD they should email her.

Cases that are high risk how long do they stay high risk on average?

(Remember High and Intensive case must have weekly contact, but moderate only requires bi-weekly.)

- Alamance about 30 days.
- Union - about the same. Often do the risk re-assessment in the CFT. Very powerful for the family to see what they have done to decrease risk.